



Evergreen Academy Stepping Stones Registration Documents

To reduce paper and to allow for an easier registration many of our forms have been combined into one file. read, complete and initial each section to indicate that you have read, agree and/or authorize.

Acknowledgement and Acceptance of Evergreen Academy Inc. Policies, Rules and Expectations

As a parent:

- I have read the handbook and the code of conduct. I hereby support the policies, rules and expectations outlined herein. I further confirm that my child is aware of the expectations for students as outlined in the handbook and the code of conduct.
- I have read and fully understand Evergreen Academy Inc. Payment and Refund Policies, and will comply with their content.
- I have read and agree to the Evergreen Academy Inc. Privacy Policy published on the website at http://www.evergreenacademy.ca/uploads/1/7/5/5/17550853/evergreen_academy_privacy_statement.pdf
- I have read and will comply with the Electronic Device Acceptable Use Agreement
- I understand that it is critical for the school be notified immediately of any changes in a student's name, address, phone number, responsible parent, or any other information provided at the time of registration.
- I have read, and fully understand the Anaphylaxis Awareness Policy and Procedure. I am aware that it is the responsibility of the parent to provide all necessary information and medications to Evergreen Academy Inc. in relation to my child's allergies. I acknowledge that I will complete a Severe Allergy Alert Form if my child has a severe allergy.

Initial _____

Communication Agreement

Evergreen is committed to the protection of your privacy and safeguarding your information, in accordance with governing regulations.

I/WE hereby agree to allow communication from Evergreen Academy Inc. and it's employees via phone, email, text, and other electronic communication systems (eg. Remind).

Initial _____

Evergreen Academy Inc. Medical Consent

In the event of an emergency with my child, the staff at Evergreen Academy Inc. have my consent to act as my agent and use their discretion in authorizing any medical attention which may be required for my child until I can be reached. Calling an ambulance, administering an EpiPen (auto injector), administering any required medications, administering any First Aid until medical help arrives, authorizing any types of routine hospital tests such as x-rays, or any other procedures that they deem to be necessary in an emergency fall in to this decision making process. These decisions will be made until such time as I arrive to take over the responsibilities.

Initial _____

Student Pick-Up Release

To ensure the safety of your child, we are asking that all parent fill out this Pick-Up Release Form. We realize that there may be times when someone other than yourself may have to pick up your child at school and you were unable to send a note or call the school to notify us. Please complete the form at the bottom of this page and return it to the school. If we do not know the person coming in to pick up your child we will ask for identification. If the person coming in is not on the list, we will not release your child to that person.

We still ask that, if possible, you inform the school if someone other than yourself will be picking up your child. If this form is not returned we will not release your child to anyone other than the parents. If you have any questions, please call the school.

Please list all people, **including yourself**, who are allowed to pick up your child.

Student: _____

	Name	Relationship to Child
1.		
2.		
3.		
4.		
5.		
6.		

Initial _____

Walking Trip Consent Form

Evergreen Students will be involved in a variety of activities, which involve the student leaving the school grounds on foot. Rather than sending home permission slips for every activity, we are asking for you to please sign and return this permission form, which would apply to local walking field trips only.

Walk Procedures

- A travel First Aid Kit, and emergency contact information, and any required medications (eg. epipen) will travel with the students in a classroom backpack.
- We will review rules and expectations with the children before the trip.
- A cell phone will also be taken on walking trips for use during emergencies.

Evergreen Academy Inc. will endeavor to ensure the safety of students while on school trips. I/We hereby give my permission for my/our son/daughter to participate in walking field trips off the school grounds.

Initial _____

Photo/Video Consent

Cameras and video recorders will often be used at Evergreen Academy to capture various school activities and events. They may also be used in classroom applications such as assessments, portfolios, projects and more. We would love to be able to share these images/photos/videos with your families, other members of the school and our communities. Since we are aware that there are dangers to posting information on the Internet, we ask that you complete the following form and return it to the school.

I hereby grant permission for photos/images and videos of my child: (please check all that apply)

to be published on the school website, Facebook and Twitter accounts without any personal identifiers such as name, address, email address, phone number.

to be published on the school website, Facebook and Twitter accounts with personal identifiers such as student name, grade and school name.

to be published in advertisements and other forms of communication outside of the school (including newspapers) without any personal identifiers such as name, address, email address, phone number.

to be published in advertisements and other forms of communication outside of the school (including newspapers) with personal identifiers such as student name, grade and school name.

for internal school activities only

If at anytime you wish to alter this agreement please complete a new form and return it to the school. Please note that once released in any public forum, Evergreen Academy Inc. cannot control or prevent the further distribution or use of the material by those who access the information.

Initial _____

Proof of Immunization

All children attending Evergreen Academy Inc. must provide proof that all immunizations required are up-to-date as per the Ontario Immunization Schedule at www.health.gov.on.ca/en/pro/programs/immunization, or provide proof of exemption. Forms for proof of exemptions for medical contraindication, prior immunity, Statements of Conscience, or Religious Belief Affidavit are available from your public health unit or www.forms.ssb.gov.on.ca.

I/We hereby acknowledge that all immunizations for my child are up-to-date and I/we agree to keep all immunizations up-to-date. I will provide Evergreen Academy with Proof of immunization prior to my child's first day in attendance.

Initial _____

Signatures

I/We have read and agree with all of the above.

Student Name: _____ Date: _____

Parent Name: _____ Signature: _____

Parent Name: _____ Signature: _____